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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
132043	PHOENIX DONUTS, INC.		
3. Street Address Principal Business Office	City	State	Zip
1745 MAIN STREET	WEST WARWICK	RI	02
4. Business Phone No.	5. State of Incorporation		
826-9609	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
DONUT FRANCHISE

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
PIERRE DESROSIERS	2 OAK VIEW DRIVE	CRANSTON	RI	02921

Vice President Name	Street Address	City	State	Zip
PIERRE DESROSIERS	2 OAK VIEW DRIVE	CRANSTON	RI	02921

Secretary Name	Street Address	City	State	Zip
PATRICIA DESROSIERS	2 OAK VIEW DRIVE	CRANSTON	RI	02921

Treasurer Name	Street Address	City	State	Zip
PIERRE DESROSIERS	2 OAK VIEW DRIVE	CRANSTON	RI	02921

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
PIERRE DESROSIERS	2 OAK VIEW DRIVE	CRANSTON	RI	02921

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

THIS SECTION MUST BE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Pierre L Desrosiers — *Signature*

1-25-08 — *Date*

PIERRE DESROSIERS
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date JAN 28 2008
Check No.
By: By 173
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19164-10-221060

Form 630 Rev. 12/06